

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp <b>RECEIVED</b> 2014 OCT 23 AM 10:45 OFFICE OF THE CITY CLERK	<b>CALIFORNIA FORM 460</b>
Page <u>1</u> of <u>14</u> For Official Use Only	

<b>Statement covers period</b> from <u>Oct. 1, 2014</u> through <u>Oct. 18, 2014</u>	<b>Date of election if applicable:</b> (Month, Day, Year) <u>November 4, 2014</u>
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SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees – Complete Parts 1, 2, 3, and 4.

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall<br><small>(Also Complete Part 5)</small> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br><small>(Also Complete Part 6)</small> |
| <input type="checkbox"/> General Purpose Committee<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Small Contributor Committee<br><input type="checkbox"/> Political Party/Central Committee              | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><small>(Also Complete Part 7)</small>  |

**2. Type of Statement:**

CITY OF NEWPORT BEACH

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Preelection Statement<br><input type="checkbox"/> Semi-annual Statement<br><input type="checkbox"/> Termination Statement<br><small>(Also file a Form 410 Termination)</small><br><input type="checkbox"/> Amendment (Explain below) | <input type="checkbox"/> Quarterly Statement<br><input type="checkbox"/> Special Odd-Year Report<br><input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
|--|---|

**3. Committee Information**

I.D. NUMBER  
1359628

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Rush Hill for Council 2014

STREET ADDRESS (NO P.O. BOX)

115 Twenty Second St.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Newport Beach</u>	<u>CA</u>	<u>92663</u>	<u>949-723-7202</u>

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER

Roger Alford

MAILING ADDRESS

1862 Tustin Ave.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Newport beach</u>	<u>CA</u>	<u>92660</u>	<u>949-645-3199</u>

NAME OF ASSISTANT TREASURER, IF ANY

Whit Peterson

MAILING ADDRESS

115 Twenty Second St.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Newport Beach</u>	<u>CA</u>	<u>92663</u>	<u>949-723-7202</u>

OPTIONAL: FAX / E-MAIL ADDRESS

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on October 23, 2014  
Date

Executed on October 23, 2014  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By Roger A. Alford  
Signature of Treasurer or Assistant Treasurer

By [Signature]  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA  
FORM 460**

Page 2 of 14

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

Rush Hill II

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

City Council Member, Newport Beach, District #3

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

115 Twenty Second Street Newport Beach, CA 92663

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT  
☐ OPPOSE

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

**7. Primarily Formed Candidate/Officeholder Committee** *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

*Attach continuation sheets if necessary*

# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>Oct. 1, 2014</u> through <u>Oct. 18, 2014</u>	<b>CALIFORNIA FORM 460</b> Page <u>3</u> of <u>14</u>
I.D. NUMBER <b>1359628</b>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rush Hill for Council 2014

## Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	Schedule A, Line 3	\$ <u>17748</u>	\$ <u>71240</u>
2. Loans Received .....	Schedule B, Line 3	<u>0</u>	<u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2	\$ <u>17748</u>	\$ <u>71240</u>
4. Nonmonetary Contributions .....	Schedule C, Line 3	<u>0</u>	<u>680</u>
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4	\$ <u>17748</u>	\$ <u>71920</u>

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

## Expenditures Made

6. Payments Made .....	Schedule E, Line 4	\$ <u>32114</u>	\$ <u>60469</u>
7. Loans Made .....	Schedule H, Line 3	<u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7	\$ <u>32114</u>	\$ <u>60469</u>
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3	<u>432</u>	<u>432</u>
10. Nonmonetary Adjustment .....	Schedule C, Line 3	<u>0</u>	<u>0</u>
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10	\$ <u>32546</u>	\$ <u>60901</u>

## Expenditure Limit Summary for State Candidates

<b>22. Cumulative Expenditures Made*</b> (If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	Total to Date
<u>      </u> / <u>      </u> / <u>      </u>	\$ _____
<u>      </u> / <u>      </u> / <u>      </u>	\$ _____

## Current Cash Statement

12. Beginning Cash Balance .....	Previous Summary Page, Line 16	\$ <u>45344</u>
13. Cash Receipts .....	Column A, Line 3 above	<u>17748</u>
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4	<u>0</u>
15. Cash Payments .....	Column A, Line 8 above	<u>32114</u>
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>30978</u>

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED .....	Schedule B, Part 2	\$ <u>0</u>
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## Cash Equivalents and Outstanding Debts

18. Cash Equivalents .....	See instructions on reverse	\$ <u>30978</u>
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column B above	\$ <u>432</u>

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

\*Amounts in this section may be different from amounts reported in Column B.

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from <u>Oct. 1, 2014</u> through <u>Oct. 18, 2014</u>		<b>CALIFORNIA FORM 460</b>
Page <u>4</u> of <u>14</u>		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rush Hill for Council 2014

I.D. NUMBER  
1359628

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/1/2014	Charles Johnson	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Capital Appraisals	100	100	100
10/4/2015	Marie Case	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Case Communications	150	150	150
10/4/2014	Alex Parker	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Redline Detection	100	100	100
10/4/2014	Douglas West	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	500	500	500
10/4/2014	Steve Rosansky	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Broker Newport West Real Estate Co.	500	500	500
<b>SUBTOTAL \$</b>				<b>1350</b>		

## Schedule A Summary

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 17550
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 198
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 17748

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other (e.g., business entity)  
PTY – Political Party  
SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>Oct. 1, 2014</u> through <u>Oct. 18, 2014</u>		<b>CALIFORNIA FORM 460</b> Page <u>5</u> of <u>17</u>
NAME OF FILER <b>Rush Hill for Council 2014</b>		
		I.D. NUMBER <b>1359628</b>

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/6/2014	Homer Bludau	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	850	1000	1000
10/6/2014	Francis Peters	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Calif. Electric Bike Assoc.	200	200	200
10/8/2014	Carla Brockman	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	1100	1100	1100
10/8/2014	Lawrence Williams	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Board Member Car Dealers Saving Lives	500	500	500
10/8/2014	Fred Ameri	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Principal Americal Logistics	1100	1100	1100
SUBTOTAL \$				3750		

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IND – Individual  
 COM – Recipient Committee  
       (other than PTY or SCC)  
 OTH – Other (e.g., business entity)  
 PTY – Political Party  
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>Oct. 1, 2014</u> through <u>Oct. 18, 2014</u>	<b>CALIFORNIA FORM 460</b> Page <u>6</u> of <u>14</u>
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NAME OF FILER Rush Hill for Council 2014	I.D. NUMBER 1359628
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/8/2014	Farrokh Ameri	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Housewife	1100	1100	1100
10/9/2014	Patrick Mahoney	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President West Coast Arborists	250	500	750
10/10/2014	Dale Dykema	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive T.D. Service Financial	250	250	250
10/10/2014	William Hendricksen	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Lineage Logistics	1100	1100	1100
10/10/2014	Jane Hilgendorf	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100	100	100
SUBTOTAL \$				2800		

**\*Contributor Codes**

IND – Individual  
 COM – Recipient Committee  
       (other than PTY or SCC)  
 OTH – Other (e.g., business entity)  
 PTY – Political Party  
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>Oct. 1, 2014</u> through <u>Oct. 18, 2014</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER

Rush Hill for Council 2014

I.D. NUMBER

1359628

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/10/2014	Nossaman LLP	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250	250	250
10/10/2014	Tim Shields	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Tim Shields, Attorney at Law	1000	1000	1000
10/10/2014	Business & Community PAC #821756	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500	500	500
10/13/2014	Doug Peterson	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Professor Vanguard University	150	150	150
10/14/2014	Tim Stoaks	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Project manager Allergan Pharmaceuticals	50	100	100
SUBTOTAL \$				1950		

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 (other than PTY or SCC)  
 OTH – Other (e.g., business entity)  
 PTY – Political Party  
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>Oct. 1, 2014</u> through <u>Oct. 18, 2014</u>		<b>CALIFORNIA FORM 460</b> Page <u>8</u> of <u>      </u>
NAME OF FILER Rush Hill for Council 2014		
		I.D. NUMBER 1359628

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/15/2014	Herb Fischer	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100	100	100
10/15/2014	Hugh Helm	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	250	250	250
10/16/2014	Alan Oleson	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	250	250	250
10/17/2014	Judith Ware	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Ware Disposal Co.	250	250	250
10/17/2014	Fariborz Maseeh	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Picoco LLC.	1100	1100	1100
SUBTOTAL \$				1950		

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IND – Individual  
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       (other than PTY or SCC)  
 OTH – Other (e.g., business entity)  
 PTY – Political Party  
 SCC – Small Contributor Committee



**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>Oct. 1, 2014</u> through <u>Oct. 18, 2014</u>		<b>CALIFORNIA FORM 460</b> Page <u>9</u> of <u>14</u>
NAME OF FILER Rush Hill for Council 2014		
		I.D. NUMBER 1359628

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2014	Tel Phil Enterprises, Inc.	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1100	1100	1100
10/17/2014	Gregg Schwenk	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Educator Cal State Univ. Fullerton	200	200	200
10/19/2014	Ethan Handler	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Kaiser Permanente	500	500	500
10/20/2014	OCADA PAC #870777	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000	1000	1000
10/20/2014	Ned McCune	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Real Estate Manager	500	500	500
SUBTOTAL \$				3300		

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       (other than PTY or SCC)  
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 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>Oct. 1, 2014</u> through <u>Oct. 18, 2014</u>		<b>CALIFORNIA FORM 460</b>
Page <u>10</u> of <u>14</u>		
NAME OF FILER Rush Hill for Council 2014		I.D. NUMBER 1359628

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/20/2014	Allison Hill	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Doctor Children's Hospital of Los Angeles	1100	1100	1100
10/20/2014	Rusty Hill	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Finance Oaktree Capital Management	1100	1100	1100
10/20/2014	Mike Kilbride	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Administrator Mike Kilbride, Ltd.	250	250	250
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				2450		

**\*Contributor Codes**

IND – Individual  
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       (other than PTY or SCC)  
 OTH – Other (e.g., business entity)  
 PTY – Political Party  
 SCC – Small Contributor Committee

# Schedule B – Part 1 Loans Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1

Statement covers period  
from Oct. 1, 2014  
through Oct. 18, 2014

CALIFORNIA  
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rush Hill for Council 2014

I.D. NUMBER

1359628

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Rush N. Hill II 115 Twenty Second Street Newport Beach, CA 92663  † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Candidate District #3 Real Estate Consultant Newport Resource Management Co.	\$ 49000	\$ 0	<input type="checkbox"/> PAID \$ 0 <input type="checkbox"/> FORGIVEN \$ 0	\$ 49000  12-12-11 DATE DUE	5% RATE \$ 0	\$ 49000  6-29-10 DATE INCURRED	CALENDAR YEAR \$ 0 PER ELECTION** \$ 49000
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$  DATE DUE	% RATE \$	\$  DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$  DATE DUE	% RATE \$	\$  DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
<b>SUBTOTALS \$</b>		<b>0 \$</b>	<b>0 \$</b>	<b>49000 \$</b>	<b>0</b>			

## Schedule B Summary

(Enter (e) on  
Schedule E, Line 3)

- Loans received this period ..... \$ 0  
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period ..... \$ 0  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (**Subtract** Line 2 from Line 1.) ..... **NET \$** 0  
Enter the net here and on the Summary Page, Column A, Line 2.  
(May be a negative number)

†Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other (e.g., business entity)  
PTY – Political Party  
SCC – Small Contributor Committee

\*Amounts forgiven or paid by another party also must be reported on Schedule A.

\*\* If required.

# Schedule E Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E

Statement covers period from <u>Oct. 1, 2014</u> through <u>Oct. 18, 2014</u>		<b>CALIFORNIA FORM 460</b> Page <u>12</u> of <u>17</u>
I.D. NUMBER 1359628		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rush Hill for Council 2014

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Election Digest C/O Levine & Assoc. !3701 Riverside Dr. #604 Sherman Oaks, CA 91423	PRT	Slate ads for Rush Hill for Council 2014	143
Jackson Alvarez Group 7777 Leesburg Pike #407N Falls Church, VA 22043	CNS	Marketing data	4000
Jenniffer Rodriguez 3425 Spectrum Irvine, CA 92618	CNS	Consulting	1000

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 5143**

## Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) .....	\$ 31899
2. Unitemized payments made this period of under \$100 .....	\$ 215
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....	\$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .....	<b>TOTAL \$ 32114</b>

**Schedule E**  
**(Continuation Sheet)**  
**Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA</b> <b>FORM</b> <b>460</b>
from	Oct. 1, 2014	
through	Oct. 18, 2014	Page 13 of 14
NAME OF FILER		I.D. NUMBER
Rush Hill for Council 2014		1359628

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rush Hill for Council 2014

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Magma Creative PO Box 382 Roseville, CA 95678	LIT	Graphic art	700
Monaco Inc. 1011 S. Linwood Ave. Santa Ana, CA 92705	LIT	Campaign mailers and postage	25722
Fedex Office 230 Newport Center Dr. Newport Beach, CA 92660	LIT	Printing	334

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$** 26756

# Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE F

Statement covers period from <u>Oct. 1, 2014</u> through <u>Oct. 18, 2014</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>14</u> of <u>14</u>
I.D. NUMBER 1359628	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rush Hill for Council 2014

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Fedex Office 230 Newport Center Dr. Newport Beach, CA 92660	LIT	0	432	0	432
Rush N. Hill II 115 Twenty Second Street Newport Beach, CA 92663	Interest	5000	0	0	5000

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTALS \$** 5000 \$ 432 \$ 0 \$ 5432

## Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$** 432
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$** 0
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** 432  
May be a negative number